Knobbe Martens Olson & Bear LLP

Intellectual Property Law

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USPTO FACSIMILE TRANSMITTAL SHEET
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Docket No.: VALTX.002A   **CUSTOMER NO. 20995**

Applicant	: Jonathan Kagan et al.
App. No.	: 10/699,589
Filed	: October 31, 2003
For	: APPARATUS AND METHODS FOR TREATMENT OF MORBID OBESITY
Examiner	: Suzette J. Jackson
Group Art Unit	: 3738

CERTIFICATE OF FAX TRANSMISSION

I hereby certify that this correspondence and all marked attachments are being transmitted via facsimile to the USPTO Central Fax No. (703) 872-9306 on the date shown below:

March 11, 2005

Gerard von Hoffmann, Reg. No. 33,043

BEST AVAILABLE COPY

Transmitted herewith for filing and consideration in the above-referenced application are the following items:

(X) Amendment/Response in 14 pages.

    (X) Non-Final

FILING FEES:

FEE CALCULATION				
FEE TYPE		**FEE CODE**	**CALCULATION**	**TOTAL**
Total Claims minus 20; or Previously Paid	68 - 20 = 48	1202 ($50)	48 x 50 =	$2,400
Independent minus 3; or Previously Paid	4 - 3 = 1	1201 ($200)	1 x 200 =	$200
			SUB TOTAL	$2,600
The present application qualifies for Small Entity status under 37 CFR § 1.27. Fee reduced by ½.				($1,300)
			TOTAL FEE DUE	$1,300

(X) Please charge the total fees due in the amount of $1,300 to Deposit Account No. 11-1410.

(X) Total pages in transmission: __16__

San Diego   San Francisco   Los Angeles   Riverside   San Luis Obispo

PAGE 1/16 * RCVD AT 3/11/2005 5:10:14 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/3 * DNIS:8729306 * CSID:949 760 9502 * DURATION (mm-ss):05-06

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number 10699589

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	6	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	6 minus 20=	*
INDEPENDENT CLAIMS	1 minus 3 =.	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

	SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
	RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR		BASIC FEE	770.00
XS 9=			OR	XS18=	
X43=			OR	X86=	
+145=			OR	+290=	
TOTAL	385		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID.FOR	(Column 3) PRESENT EXTRA
Total	68	Minus	** 6	20 = 48
Independent	4	Minus	*** 1	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=	2,400	OR		XS18=	
X43=	200	OR		X86=	
+145=		OR		+290=	
TOTAL ADDIT. FEE		OR		TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus	**	=
Independent		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR		X$18=	
X43=		OR		X86=	
+145=		OR		+290=	
TOTAL ADDIT. FEE		OR		TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus	**	=
Independent		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR		XS18=	
X43=		OR		X86=	
+145=		OR		+290=	
TOTAL ADDIT. FEE		OR		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.